CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT AND RECREATION COUNCIL WAIVER, RELEASE OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT

b. All Athletic Clinics c. Basketball d. Soccer e. Baseball f. Softball	/
AMILY PHYSICIAN: TELEPHONE: () INSURANCE COMPANY: ertinent Medical History Information (Epilepsy, Diabetes, Allergies, etc.): a consideration of being allowed to participate in City of San Diego and Recreation Council Programs, I acknowledge. Neither the City of San Diego nor the Recreation Council maintains health insurance for injuries to the participant out of involvement in classes/activities/events. By virtue of participation, PARTICIPANTS RISK BODILY INJURY, INCLUDING, BUT NOT LIMITED TO PARALYSIS, DISMEMBERMENT, AND DEATH AND OTHER LOSS INCLUDING DAMAGE TO PRE I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELE). I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO OR TRECREATION COUNCIL, their officers, agents or employees with respect to any and all such injury including to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willfunisconduct of one of those individuals or organizations. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules, as well as any instruction the classes/activities/events listed below, including during lessons, practices, meets, special events, field trips, gan tournaments. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named myself) while participating in this activity, including during lessons, practices, meets, special events, field trips, gan tournaments. THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, ASSIGNS. THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, ASSIGNS. I hereby give permission for the above named child (or myself) to be photographed, videotaped or recorded for pu and that I waive all claims for compensation. I certify to the best of my knowledge my child's (or my) current physical condition is satisfactory for participation classes/activities/events listed below and that he/she (or I'm) free of any hea	Zip Coo
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d. Soccer e. Baseball f. Softball	//
e. Baseball f. Softball	//
f. Softball	//
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ARTICIPANT'S SIGNATURE (If Participant is 18 years or older):	
ARENT/LEGAL GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS 17 YEARS OF AGE OR YOUNGER: This is to certify egal Guardian of the participant, I consent to his/her waiver and release as set forth above. I realize participation in this program is volu	
arent/Guardian Name (<i>Print</i>):	
rarent/Guardian Signature: Date Signed:	